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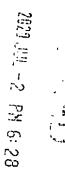
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AUG 1 4 2020 S. YOUNG

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
ous reem	Pascone's R	listorante, LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
			_		
riease return	an correspo	ondence concerning this matter	to the following:		
		Robert E Stanley			
			Name of Person		
		Pascone's Ristorante			
		-	Firm/Company		
		8106 Dukes Wood Ct			
			Address		
		University Park, FL 34201			
			City/State and Zip Code		
		Bob@Pascones.com			
		E-mail address: (to be used for future annual report n	otification)	
For further ir	iformation c	oncerning this matter, please c	all:		
Robert Stanl	ey		941 726-4242 at ()		
	Name o	f Person		ime Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	lling Addres		Street Address: Registration S	Section	
Div	ision of C	orporations	Division of C	Division of Corporations	
). Box 632 Iahassee, I		The Centre of	Tallahassee roe Street, Suite 810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pascone's Ristorante, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/02/2018}{1}$ Florida document number 1.18000001225 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 5239 University Parkway Enter new principal offices address, if applicable: University Park, FL 34201 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Robert E Stanley	8106 Dukes Wood Ct	
		University Park, FL 34201	□Remove
			□ Change
	<u> </u>		bbA□
			Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
		 	
			□Remove
			□Change

an el lote:	tive date, if other than the date of filing:
reco I is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
ated	Judieth a. Stane
	Signature of a number or authorized representative of a member
	Judith A Stanley

Filing Fee: \$25.00